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AUTHOR Stone, Marylee
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ABSTRACT

The Minnesota Model of Chemical Dependency Treatment, which evolved from a combination of the grassroots Alcoholics Anonymous movement and the State Mental Health Services in the 1960s has made Minnesota an international leader in chemical dependency treatment efforts. Northeastern Minnesota has shared this reputation with the state. In spite of the profound growth and evolution which has touched mainstream Minnesotans through community, schools, corporations, churches, and health care, the chemical dependency services have experienced declining utilization over the past decade. Networking and finance were considered factors present in this decline. To help program executives make current and projected decisions in regard to chemical dependency services offered in northeastern Minnesota, a study was conducted which investigated the declining use of chemical dependency treatment agencies in northeastern Minnesota. Key referents (N=74) in the fields of medicine, mental health, social services, chemical dependency, religion, and employee assistance were interviewed using an interview guide with open-ended questions. The respondents' answers to eight questions concerning 10-year comparative impressions of the chemical dependency field were analyzed. A theoretical framework was identified illustrating the institutionalization process of chemical dependency services into the health care system of northeastern Minnesota. This theoretical framework has generated many hypotheses for future research in the region, state, and elsewhere. (NB)

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Chemical Dependency Regional Needs Assessment: Northeastern Minnesota

Marylee Stone

University of Minnesota, Duluth

1987

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Abstract

This study investigated the declining use of chemical dependency treatment agencies in northeastern Minnesota. The work considered finance and networking as factors present in the decline. This research was exploratory in nature. Seventy-four key referents were interviewed using an interview guide with open-ended questions. The purpose of this study was to help program executives make current and projected decisions in regard to chemical dependency services offered in northeastern Minnesota. Minnesota is an international leader in the field of chemical dependency. The Minnesota Model of Chemical Dependency Treatment has evolved from the grassroots AA movement combined with the State Mental Health services in the early 60's. Northeastern Minnesota has shared this reputation with the state. In spite of the profound growth and evolution which has touched mainstream Minnesotans through community, schools, corporations, churches, and health care, the chemical dependency services have experienced declining utilization over the past decade. A theoretical framework has been identified which illustrates the institutionalization process of chemical dependency services into the health care system of northeastern Minnesota. This theoretical framework generates many hypotheses which can be the subject of future research in the region, state, and elsewhere.

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CHAPTER ONE

INTRODUCTION

Alcoholism is increasingly recognized as a treatable illness, but this recognition is relatively recent. Minnesota has played a significant role in defining alcoholism as an illness responsive to treatment and has provided treatment resources for persons needing these services. Historically, alcoholism was viewed as a moral defect although some early effort sought to alter this conception.

In 1876 the American Medical Association for the study of inebriety and narcotics began to publish a periodical, the Journal of Inebriety (Jellinek, 1960). "The policy of the Journal of Inebriety from the beginning has been to keep prominent the fact that inebriety is a neurosis and psychosis and that alcohol is both an exciting and contributing cause as well as a symptom of conditions which existed before" (Crothers, 1911). The efforts of a few physicians did not effectively change the attitudes of either the public or the other health providers for that matter. During prohibition (1919-1933), the research and thought about this condition almost stopped. However, after the prohibition was repealed, a renewed interest developed in thinking about alcoholism. These ideas represent the

beginning of most of the concepts we work with today.

Across the United States, most physicians had given up hope for the alcoholic. In 1936 Alcoholics Anonymous began in Akron, Ohio and was to become the most successful therapeutic response to alcoholism (Alcoholics Anonymous, 1955). As AA spread across the U.S.A. it came to Minneapolis, and a meeting house at 2218 First Avenue East was established. Twin City alcoholics began to be helped by AA; and in response, community people wanted to help nuture this new fellowship. AA's success and community members wanting to get involved resulted in two Twin Cities area treatment programs being born: Pioneer House (1948) and Hazelden (1949). At the same time, Willmar State Hospital was beginning to look at alternative responses to the patients in their care that suffered from alcoholism. The program at Willmar State Hospital implemented ".. a blend of professional behavioral science and AA principles" (Laundergan, 1982, 2). The therapeutic program that has evolved from this combination has come to be known as the Minnesota Model. It is important to understand that Pioneer House and Hazelden operated only on AA principles, whereas Willmar incorporated behavior therapy and AA principles to create a new model. Dr. Daniel Anderson, with Dr. Nelson Bradley, was largely responsible for this new model. Dr.

Anderson left Willmar State Hospital to become the director of Hazelden Foundation. This treatment center grew in reputation and program to become a major internationally-recognized organization, and within the last few years Hazelden purchased Pioneer House as an adolescent unit (Laundergan, 1982).

Alcoholism treatment as we know it in Duluth is part of the evolution which is rooted in the personal recovery and professional development of Vernon Johnson, who founded an institute which bears his name. Johnson was a patient and trainee at Hazelden. After completing his clergy training program there in the 60's, Johnson directed a clergy-based alcohol program at St. Martin's Episcopal Church in Minnetonka, Minnesota. This program was different from Hazelden in that Johnson did not accept that it is necessary to wait until the alcoholic is ready to accept help (Johnson, 1980). Because of this approach the crisis intervention component was introduced to alcoholism treatment. Crisis intervention required the use of confrontation to break through the denial system. Waiting until alcoholics are ready to receive help means waiting until the denial is broken by natural consequences. Appropriately applied treatment breaks denial sooner than natural consequences.

Johnson's work on intervention is an important piece in the evolutionary process of chemical dependency treatment as it is known in the Minnesota Model. The pre-Johnson era needed to rely on natural consequences to produce a crisis which could be used for intervention; and therefore, treatment had the task of working with more advanced-stage (low bottom) alcoholics. It was Johnson's work in the 60's that allowed treatment to be offered to the alcoholic in a less severe stage in the illness.

St. Mary's Hospital in Minneapolis adopted Johnson's Model in 1968. In 1973, the Johnson Institute sold their treatment modality to Miller-Dwan Hospital in Duluth. Hazelden, Willmar, Pioneer House, Johnson Institute, and St. Mary's were major steps in the evolution of the Minnesota Model. Alcoholism treatment in Duluth developed from the legacy traced through the agencies responsible for the Minnesota Model (Richeson, 1978).

In 1961, prior to the introduction of the Minnesota Model of alcohol treatment at Miller-Dwan, a committee of concerned citizens met to respond to the alcoholism needs in Duluth. The National Council on Alcoholism offered a basic format for addressing the problem of alcoholism which the group accepted. After meeting for some time the decision was made to incorporate and begin under the name of Center

on Problem Drinking. Dan Drow was hired as a counselor/director. Drow was from Willmar State Hospital, therefore, he had a philosophic connection to Dan Anderson of Hazelden, if not a personal connection. After a laborious beginning, Dick Kunz was hired in 1965 as a director under United Way funding. The Center merged with a foundation supporting the Howard Freise Halfway House and became the Center of Alcohol and Drug Problems. Marty Mann Halfway House for Women, South St. Louis County Detox, Carlton County Detox, Information and Referral Services, plus Black Outreach and Senior Citizens Outreach Programs, were developed under the umbrella of the Center of Alcohol and Drug Problems (Kunz, personal communication, 1984).

Minnesota has the capacity to service 2,143 people in inpatient settings, 356 of those inpatient slots are in northeastern/central Minnesota. This represents 53 programs in the state and 4 programs in the northeastern Minnesota region. The state has a capacity to service 2,695 people through 88 outpatient programs; of the 2,695 slots, 473 treatment slots are located in northeastern/central Minnesota. Of the 88 outpatient programs, 13 of these programs are located in northeastern Minnesota (DPW-MN, 1982, now called DHS).

Is the inpatient/outpatient treatment capability in NE

Minnesota too great, adequate, or inadequate? Part of the difficulty is knowing how much service is needed and whether those requiring treatment for alcoholism are receiving the services required.

NEED

In 1983 Miller-Dwan West experienced a substantial drop in inpatient and outpatient population (Laundergan & Bernstein, personal communications, 1982). The same trend occurred during the first half of 1984. Because of the close linkage in the continuum of care other service providers are affected by Miller-Dwan West occupancy problems, for example, Marty Mann Halfway House for Women, which is used as a referral source. Marty Mann is operated by the Center of Alcohol and Drug Problems. The halfway house experienced a serious problem with clients and staff (Center on Alcohol and Drug Problems Annual Report, 1983). Marty Mann receives referrals at the rate of 25% from MDW (CADP Annual Report, 1986). Therefore, the drop in MDW census affects Marty Mann Halfway House. The drop in occupancy is not limited to these service providers but seems to be a problem found generally in the region.

In recent years public education, prevention, and intervention programs have increased the utilization of alcohol facilities in communities. The growth of employee

assistance programs has also fed the chemical dependency treatment programs by identifying troubled employees in the workplace. In spite of this increase in public and coorporate awareness, the question is asked, what are the trends that account for the decline in demand for chemical dependency services in NE Minnesota in the 1980's? The present study is intended to address this question.

PURPOSE

The initial purpose of this study is to determine if the service providers are meeting the needs of chemically dependent persons in northeastern Minnesota and northwestern Wisconsin from the perspective of service providers, both primary and intermediate. Primary service providers are those respondents who do direct service in the chemical dependency field. Intermediate service providers offer an array of services, ranging from supportive, referent, vocational, medical, spiritual, educational, etc.

Another purpose of this study stemmed from the awareness of chemical dependency providers in Duluth. There seemed to be disparities between the services offered and community and regional needs according to the feedback some primary service providers were receiving, both directly and indirectly from the intermediate service community. Investigating possible disparities in NE Minnesota is a

second purpose of this study.

Hopefully the information gained from this study will give chemical dependency service providers in NE Minnesota direction and guidance to make good decisions concerning the services offered and their continued maintenance and growth. Apart from this applied purpose, this research is intended to add to the body of knowledge about regional human service delivery vis-a-vis apparent need and hidden need.

This paper will use information gathered in personal interviews that addresses two aspects of human service delivery: (1) funding issues, and (2) networking processes. The descriptive hypotheses and rationale portion part of this paper will explore these ideas in greater depth.

Although both northeastern Minnesota and northwestern Wisconsin were intended to be included in the study, very little data were collected on northwestern Wisconsin. The separation of the states prevented significant contributions. Also, the facilities offering chemical dependency services in NW Wisconsin are limited in number.

PROBLEM

As previously discussed, Minnesota is generally recognized as a leader in the treatment of chemical dependency. The Minnesota Model of treatment has attracted national and international attention (Laundergan, 1982).

Northeastern Minnesota has equally shared in the state's high profile as an outstanding provider of expertise and leadership in chemical dependency treatment.

Despite this expertise and leadership, the utilization of chemical dependency service has decreased in most of the chemical dependency services in northeastern Minnesota. This issue is raised in an earlier reference to reduced chemical dependency service demand by Bernstein and Kunz. When thinking about the chemical dependency expertise of Minnesota and the decreasing utilization of chemical dependency services, one might ask: What happened to account for this change? Are the people of the region getting their chemical dependency service needs met? If chemical dependency service needs are not being met, what accounts for this unmet need?

DESCRIPTIVE HYPOTHESIS AND RATIONALE

The discriptive hypothesis is: LIMITED FINANCIAL RESOURCES FOR REIMBURSEMENT OF CHEMICAL DEPENDENCY SERVICES AND DYSFUNCTIONAL NETWORKING SYSTEM CONTRIBUTE TO THE DECLINING USE OF CHEMICAL DEPENDENCE SERVICES IN NORTHEASTERN MINNESOTA.

This study was designed to gather data about the financial and networking process within the chemical dependency infrastructure. An example of this

infrastructure was mentioned earlier in the reference to MDW referrals to the Marty Mann Halfway House. The idea of "the continuum of care" means different content and different intensity is provided within each component of the continuum. These components or service providers are put together in a spiral manner which the agencies offering the services within "the continuum of care" feed each other with referrals. This referral process describes the concept of a networking system. The networking system is also used for continuity of care between agencies. This concept is also referred to as the infrastructure of the chemical dependency field.

The research will explore the relationships between financial resources for chemical dependency services and networking systems and the decreasing utilization of chemical dependency services.

OVERVIEW

The primary purpose of this study is to explore the existing conditions that contribute to the declining use of chemical dependency programs. Practically, this information could give administrators direction concerning the future of CD treatment.

A review of the literature presented in Chapter Two examines needs assessment, networking analysis, and other

works. Chapter Three contains an explanation of the research design used in the study. A presentation of the study results appears in Chapter Four with a discussion of the results and recommendations of the study in Chapter Five. The references and appendices will follow Chapter Five.

CHAPTER TWO

LITERATURE REVIEW

Literature resources are rather scarce when it comes to demonstrating the existing knowledge of needs assessment studies completed for chemical dependency services in northeastern Minnesota and northwestern Wisconsin. However, needs assessment studies are highly used in education and social science fields. The literature review is used as a format for this paper. The selection of articles presented represent a diversified combination covering the academic perspective, the professional perspective, the logistical elements, and networking and funding perspectives. The literature includes the following areas for study in this review: (1) local attempts to assess the need for service in a community, (2) chemical dependency service assessment, (3) a study of the networking process within a continuum of care, (4) a work supporting needs assessment, (5) an alternative to descriptive exploratory research. The academic alignment with other work can increase the credibility of this paper since scientific conclusions cannot be drawn from this design.

1. Local Needs Assessment

This paper begins with local attempts to assess the need for service, both current and projective, in a

community. Colene M. Byrne of Indiana University in Pennsylvania produced a master's thesis on a needs assessment of hospice care utilization and projected need in a rural setting. This study seems appropriate to include in the literature review in that collecting data for a needs assessment concerning hospice care and concerning chemical dependency are both sensitive and emotionally charged situations. This is especially true when dealing with the client directly, that is, the terminally ill or chemically dependent persons. The needs of the families are primary in both conditions; therefore, programming for their needs would be inclusive in the assessment. This study can be used as a model to define and support the study because of the demographic similarities. The similarities are the size and density of the community compared to northeastern Minnesota. The fact that the author used needs assessment as her design supports the credibility of this paper.

The author differentiates the components of hospice care from traditional care. She also mentions the fact that hospice care is not yet institutionalized into the health care system; therefore, the government and insurance companies have underdeveloped response regimes to facilitate implementation of hospice philosophy in communities (Byrne, 1984). One might see chemical dependency treatment in

somewhat of a parallel situation.

Members of a rural Pennsylvania community perceived the need for hospice services and formed a committee to develop a hospice program. They felt a needs assessment of the specific area would give them the information needed to plan for concurrent and projective hospice needs. In addition to exploring the basic felt needs of terminally ill persons and their families, the committee decided to investigate the more subtle subjective elements affecting a successful hospice care delivery service (e.g., attitudes of referents toward hospice care, trust in the local hospital, and other health care givers).

The methodology of the hospice study consisted of the following seven techniques and strategies:

(1) Use of existing records from census, Health System, and State Health Data Center.

(2) Survey of existing resources in the community.

(3) Interviews with families of terminally ill.

(4) Interviews with physicians.

(5) Used key informants, nurses, social workers, and clergy.

(6) Questionnaire distributed to therapist of mental health services.

(7) Questionnaire sent to surrounding hospice care

centers.

Ideally, it would be appropriate to include the terminally ill patient in the data collection process. However, for this study the author could not get administrative sanction that would comply with her time line.

Significant needs were identified in three basic problem areas: (1) presence of care giver in the home, (2) finances, (3) access to transportation. The acceptability of the hospice philosophy, potential demand for hospice care, and the ability of existing services to meet identified needs were seriously investigated.

As a result of the needs assessment administrators are using the information to direct their decisions concerning future hospice care programs. It also has identified other care needs in the communities which will be prioritized and presented to health care planners for the county.

Finally, when all was completed, four factors were present in this study, according to the author. They are as follow: (1) a commitment of agency officials to the study, (2) the ability of administrators to substantially modify programs, (3) a needs assessment design with clear and direct ties to the organization's planning process, (4) an assessment engineered by members of the agency. The author

believes these factors will benefit future needs assessment studies (Byrne, 1984).

The one item that could be added to this list is the commitment of the community to initiate and follow through with the project.

2. Chemical Dependency Service Assessment

This study was local, in the field of chemical dependency, and used a needs assessment as a research design. The Health Systems Agency of Western Lake Superior presented this study to the Alcoholism Advisory Group (Health Systems Agency of Western Lake Superior, 1981). This report covers alcoholism services, national and state trends, relationships to health status, analysis, problems and needs, in addition to several program objectives. It appears to be assessing the CD treatment field in a way that would create new clients and programs; or to put it another way, this report is trying to justify building an infrastructure rather than protecting the existing structure (i.e., increase the employee assistance programs, improve the insurance coverage, encourage the CD hospital units to provide information and referral services, ask physicians to identify problems, open new facilities, and offer a full continuum of care to all residents).

It is ascertained that this was a library research

project in that no other method of data collecting was used. The format of the report is not clear.

The significant point the Health Systems Agency study makes is that the appropriate ratio for CD beds is .16 per 1,000 people. This report claims northeastern Minnesota carries a ratio of .24 per 1,000 persons. If these figures are accurate, it would appear that northeastern Minnesota has more treatment beds than the population needs.

3. Networking Process

The following work addresses one of the main themes of this paper, networking. When reviewing the networking process within the continuum of care, one needs to consider the methods organizations use to form internal policies and services. The following article points out and demonstrates the complexity of networking. This work, "The Client Assessment in Context" (Austin, 1981), answers questions like: How do networks form? How are networks maintained? The author covers interorganizational networks by looking at the stability and emphasis on federal and state policies as well as the practice of domain consensus.

Interorganizational conflict is described as interest groups within an agency. Professionalization of the employees creates a condition vulnerable to conflict; for example, if the line workers are fighting for the clients,

the middle management are fighting for the integration of the program with the clients and staff, while the administration fights to pay the bills and expand the agency. Considering these dynamics it is understandable that the quality of service could be affected.

Austin refers to a concept called indeterminate technology, which evaluates the degree of stereotyping of clients and the degree which staff have a common ideology of intervention. The other component to be evaluated asks, to what extent does professional judgment become the primary approach for planning treatment?

The author explores the process in which agencies program screening, assessment, and care planning. The idea that the dependence of the internal structure of the agency on the external networking to other agencies is addressed and analyzed.

The purpose of this article is to identify major categories of independent variables that affect agencies allocation of service to clients. The author recommends two different areas of research to help understand the dynamics within the organizational context, one for the instrumentation and the other dealing with contextual issues. This work could lead to the development of theory which is badly needed to expand this body of knowledge.

The final part of this review will address the pros and cons of descriptive exploratory research as a tool. The pros and cons offer an answer to the question, how academically credible is a needs assessment?

4. Supportive of Descriptive Exploratory Research

"Needs assessment is any activity which provides a description and/or measure of either the relative or the absolute needs of people living in a defined area for: (1) enhancement of a facet that is lacking in the residents' lives, (2) specific services-interventions or programs, (3) prevention of problems that will require intervention. Assessment might take the form of estimation, appraisal, or evaluation. In any case, it is to provide typological definition and indication of magnitude of whatever facet of life is being addressed" (Kamis, 1979).

In health care, the purpose of social programs is to: (1) reduce the number and severity of existing disabilities, (2) maximize the proportion of residents free from problems and disabilities, (3) prevent the development of disabilities, (4) prevent further deterioration of the disabled. These purposes respond generally to remediation, prevention, and healthy development of the person. Number (1) is similar to remediation, (2) to developmental process, and (3) and (4) are equal to prevention (Gum, 1979). Since

an acceptable level of wellness is rather subjective, many times assessments are made on comparisons of other communities or presented values of residents.

Accountability seems to be the key concept for funding agencies in the 80's. Requirements for cost-benefit and impact documentation are important questions to be answered by administrators of health care delivery programs.

Blum (1974) divided the needs assessment process into two steps: (1) applying measurement tool to a defined social area, (2) assessing via judgment and inferences the obtained information in order to determine priorities for concurrent and projective needs.

Generally, a needs assessment design uses both direct and indirect informants. The direct being the people who will or are using the service and the indirect being the people who are familiar with those using the service and the procedures of the service meeting the needs.

Needs assessment give descriptive results. One could utilize correlated responses; however, any attempt to indicate causality would be inappropriate.

Kamis recognizes the critics of needs assessment, particularly the subjective nature of the work. The author notes Edward's (1977) work where he sees evaluation as a method of destroying data, that is, generalizing to a group

from individual responses. This process, he says, misses the vulnerable people. However, Kamis argues that this process identifies vulnerable people and responds to their needs through directed programming.

Even after acknowledging the unestablished credibility of needs assessment, the author asserts that needs assessment are valuable tools in planning for concurrent and projective demands.

5. Alternative to Interviewing for Descriptive Data

This work is not in direct opposition to needs assessment as a research design; however, it presents a design with heavier statistical involvement. It was interesting to discover a method of needs assessment which is established by analyzing the number of contacts made to a treatment facility and then projecting a utilization figure based on a "beds per contact" ratio (Ford & Luckey, 1983).

This study was sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The data were collected from 43 treatment centers, and it was the only national research done on service activities. The data base used was the National Alcoholism Profile Information System (NAPIS), which is a computer based clinical information system.

Ford & Luckey worked out a formula which could give a

projection of needed beds based on multiplying client contacts by length of stay and dividing by 365. This formula is based on 100% occupancy, which needs to be adjusted for practical use. They also use a separate formula for outpatient projected needs based on hours per month of treatment received. The basic assumptions underlining Ford's & Luckey's work is as follows:

(1) That alcoholism treatment centers (ATC) funded by NIAAA are comprehensive and offer a full continuum of care. It is also assumed that clients are admitted to meet a need rather than fill a bed.

(2) That the data reported to and from NAPIS are reasonably reliable and valid.

(3) That the treatment centers are "closed systems" in that a client would receive all services at the center.

(4) That historical services utilization reflects clients' needs.

(5) That a representative sample of those in need of alcoholism treatment actually found treatment at the centers reporting to the NAPIS.

(6) That the services rendered within a comprehensive treatment center may be used to project the services that are rendered in the continuum of care services.

(7) That client demographic and social characteristics

are not a major determinant of services rendered.

After accepting the assumptions and utilizing the formulas, a significant weakness of this study seems to be the precise number in the target population or the number of practicing alcoholics in a given area who are not identified or have not received treatment. However, even with this stress, the authors believe this modality is a good starting point to professionalize and defend the field of alcoholism treatment.

SUMMARY

When looking at needs assessment in general it appears that this academic practice has increased greatly over the past twenty years. One might consider documentation of activities to satisfy funding requirements as a major motivation for agencies to do a needs assessment. Although service delivery agencies are concerned about quality care, it seems that needs assessment studies are becoming a method of making alcoholism treatment into a cost-benefit reliable human service. Therefore, if the clients are getting what is payed for, then the administrators receive funding and credibility.

Each of the citations were chosen to represent, in unison, the thesis of thought. The seventy-four interviews of the study are the antithesis, and the last two chapters

of this paper are the synthesis.

The first article was to support needs assessment used as a master's thesis and the implementation of a query study with a rather emotional issue. Also, both the terminally ill and alcoholics were denied components in our society until recently, with a few exceptions of course.

The second article in this review needed to find out what had been done in this area within the subject area. Although this study was not very specific concerning factors of declining utilization and networking within the CD field, it did raise the question of an oversupply of beds per capita.

The third article reviewing the issue of networking within the human service agencies seemed important to look at. The author deals with the relationship of the internal dynamics of an agency as to the kind of networking which is established on the outer sphere of the agency. This seems to be a key issue in networking because it addresses personal responsibility of the agency as to the effectiveness of its networking system.

The fourth article established some academic credibility of needs assessment that seemed to be a worthy gesture at this time and place. The author defends needs assessment and at the same time acknowledges the critics'

points of weakness.

The fifth article acknowledged that a more scientific method of gaining knowledge is appropriate for further studies in this subject area. Therefore, choosing an article describing a more precise statistical method was selected for use in the present study. Each of the citations were chosen to represent, in unison, the thesis of thought being the foundation of this paper.

This paper attempts to look at the professional categories addressing networking and finances for the purpose of offering pertinent information and future opportunities for research. The next chapter will define the methods which were used to gather the data in the study and explain the methods of analysis of the data.

CHAPTER THREE

METHODS

SUBJECTS

This is an exploratory descriptive design using personal interviews to collect data. The design was chosen in large measure because the sponsors of the research needed as much information as possible about the everyday happenings of people in or connected with the CD field in northeastern Minnesota. This information will be used to make administrative decisions. The data gathering procedures utilized during this study used content analysis as a method to organize and to analysis statements made by the respondents.

Seventy-four key respondent subjects were used in this study. The key respondents were separated into occupational categories (i.e., medical, mental health, social service, chemical dependency, clergy, and employee assistance). The data for the medical category are missing in this study.

A list of potential key respondents was identified from referral sources of the two sponsoring agencies. The list of respondents was left open-ended during the data collecting process. The open-endedness offered an opportunity to expand the list if during the interview process a key respondent was identified by the interviewer.

This open-endedness can add confusion to the units to be observed because the two sponsoring agencies did not identify them.

The initial key respondents were sent a letter explaining the purpose of the study and preparing them for a telephone call in which an appointment would be set for the actual interview.

The key respondents covered the geographic area of northeastern Minnesota and a few from northwestern Wisconsin. As previously mentioned, the majority of the key respondents were referral agents for the sponsoring agencies. The geographic area which draws many key referents can be called the "catchment area." The counties involved in this catchment area are: St. Louis, Lake, Pine, Isanti, Koochiching, and Carlton in Minnesota, and Douglas in Wisconsin.

DESIGN

An interview guide was used in the interviews of approximately a one-hour duration. The interview guide was pretested by the three interviewers by each interviewing three key respondents. After the pretest, the interview guide was revised by adding a debriefing page to the guide.

Three experienced interviewers were used to collect data. All the interviewers had a working knowledge of the

chemical dependency field. The qualifications of the interviewers provided an adequate background to understand and clarify the information offered by the seventy-four respondents during the one-hour data collecting session.

The interview period lasted three weeks, although a few interviews were conducted after the three-week time period. The interviewers met once a week to touch base with each other and give a general progress report. However, because of the large volume of information being gathered by the interviewers, they usually talked about the general rather than the specific responses to the interview guide.

This is mentioned because one might think that this contact would bias the interviewers in that they may ask leading questions based on the information given by the other interviewers. Most of the time was spent organizing the missed or upcoming interviews. Also discussed were some of the disadvantages of this approach to collecting data (i.e., selection, interviewer bias, instrumentation, history, and mortality of respondents not interviewed). All of these issued were discussed. Because this research was exloratory descriptive by design, it seemed appropriate to avoid making any causal conclusions, but only draw indicators for future research and a general direction for administrators to use while making policy and program

decisions.

Of the interviews noted, two respondents did not keep their appointments and a very small number refused to be interviewed, while approximately seven key respondents could not be scheduled for an interview during the study. Four people were identified as potential respondents during the interviewing process and were scheduled for interviews.

VARIABLES

The interview guide has four components: (1) demographic information, (2) ten-year comparative impressions of the chemical dependency field, (3) current impressions of factors affecting the chemical dependency field, (4) positive and negative impression of the sponsoring agencies (see Appendix A).

The portion of the data from the interview guide used for this study is Component (2), ten-year comparative impressions of the chemical dependency field. This portion asked eight questions; these questions are stated at the beginning of each question response in Chapter Four.

Chapters Four and Five will focus on networking and finance as the two major themes of this study. The priorities of finance and networking were chosen because of preference and indicator of problems by professionals in the chemical dependency field.

After making the decision of the major themes of this study, the questions which fell under the umbrella of finance and networking were separated and then further sorted into subcategories of professionals.

ANALYSIS PROCEDURES

The process of organizing and tabulating key works or symbols in a communication modality is referred to as "content analysis." Two comparative definitions of content analysis, spanning thirty years, gives continuity to the term and process as used in this paper.

"Content analysis may be defined as referring to any technique: (a) for the classification of the sign-vehicles, (b) which relies solely upon the judgment (which theoretically may range from perceptive discrimination to sheer guesses) of an analyst or group of analysts as to which sign-vehicles fall into which categories, (c) on the basis of explicitly formulated rules, (d) provided that the analysts' judgments are regarded as the reports of a scientific observer" (Berelson, B, 1952). The term sign-vehicle which occurs in this definition refers to a sign as a physical object without consideration of its meaning, in this case the word. According to Babbie (1983), "Content analysis, then, is particularly well suited to the study of communications and to answering the classic

question of communications research: Who says what, to whom, why, how, and with what effect? As a mode of observation, content analysis requires a considered handling of the what, and the analysis of data collected in this mode, as in others, addresses the why and with what effect." Comparing these authors could reflect the acknowledgment of both the objective and subjective processes in this design. However, it seems clear that the second author's definition is somewhat more precise, by stating WHAT, WHY, and HOW. Then again, the first is using the term sign-vehicle referring to a specific item. Therefore, after thirty years both authors understand content analysis in similar ways. The chemical dependency agencies in northeastern Minnesota would represent what Babbie calls the "unit of analysis." These agencies would be the overall focus of units to be studied. The people in the agencies are the unit of observation, remembering that these people were selected as the sample by the sponsoring agencies of the study. This sample essentially consisted of the referral sources of the agencies. Therefore, it is not correct to say that all agencies would be represented in northeastern Minnesota with the sample.

As previously mentioned, this design further isolates the responses into professional categories with the

perspectives of finance and networking.

The main purpose of establishing the unit of analysis and the unit of observation is to build the framework which can be used to make the coding decisions.

The first coding decision that was made is that the study will contain both manifest content and latent content impressions. The manifest content will reflect specific words used in the responses and the latent content will present similar words and concepts of the manifest content.

This strategy will create the highest possibility of protecting validity and reliability. The validity will be protected through using specific words to measure what is stated as measurable. Reliability will be protected in that others would have a better indicator of how to replicate the study in respect to coding the more abstract and subtle data.

Next after identifying the units of analysis, identifying the units of observation, and recalling the professional categories, it is time to operationally define the perspectives of: (1) finance, and (2) networking.

(1) Finances represent monies used to pay for treatment fees. Secondary financial support comes through an established tax base and employment insurance benefits. Finance also includes federal, state, and local funding

allocation for research, maintenance of structures, prevention, and supplementing treatment costs. In sum, finance covers revenues secured from direct service fees and administrative resources.

(2) Networking is defined as direct referrals and collateral connections concerned with the clients. Networking covers movement within the continuum of care, as well as professional consultation among agencies and within agencies. Networking occurs through political organizing to direct federal, state, and local policies. To sum, networking is initiated for the direct welfare of the client and the direct welfare of the professionals/profession.

The networking and finance responses given by the professionals were tallied by the individual response and not a singular response per respondent. This fact could bias a professional category if few professionals had many things to say.

Content analysis offered a design to investigate a situation over a ten-year period in an unobtrusive manner. This study was a relatively economical way to gather a significant amount of data to assess the overall dynamics within the field of chemical dependency.

After the data are organized into finance and networking categories by professional responses, the content

and frequencies are presented in narrative form. This narrative reflects the actual content and frequencies for the purpose of exploring the dynamics between the professionals, the chemical dependency field, networking, and finances.

A data base for all components and all questionnaires was established. The data from Component (2) plus the demographic material for professional categories were extrapolated from the total data base. This selected data, Component (2), from the questionnaires' responses were further divided by individual professional categories: chemical dependency, professionals, mental health professionals, social service professionals, clergy, and employee assistance professionals.

Each question (1-8) subdivided by professional categories was examined and organized by response content. The specific content categories of concern here reflect statements related to the networking and financial perspectives.

Once the appropriate networking and financial responses were identified, a tabulation of the responses was accomplished by adding the responses to obtain a frequency of mentioned total. The results consisted of the frequency by professional affiliation (see Table I).

Table 1 Layout for response table per question in second component of the questionnaire by professional category and perspective of the study

Professional Category		Finance	Networking	Professional Category		Finance	Networking
Mental Health (MH) Social Service (SS) Chemical Dependency (CD) Clergy (CL) Employee Assistance Program (EAP)	QUESTION			MH SS CD CL EAP	QUESTION FOR		
MH SS CD CL EAP	QUESTION			MH SS CD CL EAP	QUESTION SIX		
MH SS CD CL EAP	QUESTION THREE			MH SS CD CL EAP	QUESTION SEVEN		
MH SS CD CL EAP	QUESTION FOUR			MH SS CD CL EAP	QUESTION EIGHT		

Again, after the responses were tabulated and organized, a brief summary narrative was used to present the identified responses overall for each question and each professional category within Component (2) of the questionnaire.

Component (2), both tabulated and summarized, will be presented in Chapter Four. The tabulated and summarized data will be discussed in Chapter Five as previously mentioned.

PRELIMINARY REPORTS

These data have been presented in the following forms prior to the completion of the study.

The sponsoring agencies wanted the findings reported as soon as possible for the purpose of making program revisions and future plans. Because of this request, the results were divided into components, the first was presented December 5, 1984, to Miller-Dwan West on the positive and negative impression the interviewee gave. The Center on Alcohol and Drug Problems received the results of the positive and negative impressions offered by the interviewees around the same time (Laundergan, 1984). In January of 1985, the second findings were delivered to the board of directors of both agencies. This second report covered Component (5) of the interview guide, current impression of factors affecting

the CD field (Laundergan, January 1985). The third report consists of Component (2), that is, a ten-year comparative impression of the CD field. The results of this session were presented at the Chemical Awareness Week held May 7, 1985, at the Radisson Hotel, Duluth, Minnesota. Both directors of the sponsoring agencies were present at this time (Laundergan, July 1985).

A general overview of the findings was presented on May 23, 1985, at the St. Louis County Social Service Conference held at Miller-Dwan. At this time we solicited information from the audience by dividing them into small groups and asking them to respond to a mini-interview guide. This information will be integrated into the study at a further date. The decision was made to use this opportunity for gathering data because we were not able to set up an interview with St. Louis County at the time of the scheduled interviews. The difference in the time of input, the group setting, and the presentation of the findings needs to be acknowledged as causing variance in the responses offered. Therefore, this data was not used in this paper.

The same general findings were presented at the fall MCDA Conference held in Minneapolis.

SUMMARY

Content analysis was used as the tool to organize and

process the data. The two perspectives of focus were identified. These perspectives are finance and networking. Once the appropriate perspectives were in place, a tabulation of responses was reported. The report consisted of the frequency of similar responses to the questions by professional affiliation. Under each frequency tabulation are listed the key words which were used to make categorizing decisions. After the responses were tabulated, a brief narrative was used to present the identified responses overall for each question and each professional category within Component (2) of the questionnaire.

CHAPTER FOUR

RESULTS

Chapter Four presents the findings, preceded by a brief explanation of the procedure used to format the data. Not all questions and categories have responses for networking and finance perspectives. The questions and categories without responses had none in the interview which came under the networking or finance perspective, whichever is missing. Under each professional category and each question the latent content items which were used in coding are stated in parentheses along with the manifest content symbol or word. The layout of this chapter begins with addressing the essence of the second component of the questionnaire, that is, contrast CD services over a ten-year period, 1970-1980. The question is stated before the data are presented. The professional categories of mental health, social service, chemical dependency, clergy, and employee assistance professionals are presented in each question under first networking perspective and then finance perspective (see Table 2).

Remembering, the operational definitions of finance and networking: Finance is defined as monies used to pay for treatment fees. Secondary financial support comes through as established tax base and employment insurance benefits.

Table 2 Response table per question in second component of the questionnaire by professional category and perspective of the study

Professional Category		Finance	Networking	Professional Category		Finance	Networking
Mental Health (MH)	QUESTION		x	MH	QUESTION	x	x
Social Service (SS)	QUESTION		x	SS	QUESTION	x	x
Chemical Dependency (CD)	QUESTION	x	x	CD	QUESTION	x	x
Clergy (CL)	QUESTION	x	x	CL	QUESTION	x	x
Employee Assistance Program (EAP)	QUESTION	x	x	EAP	QUESTION	x	x
MH	QUESTION	x	x	MH	QUESTION	x	x
SS	QUESTION		x	SS	QUESTION	x	x
CD	QUESTION		x	CD	QUESTION	x	x
CL	QUESTION		x	CL	QUESTION	x	x
EAP	QUESTION		x	EAP	QUESTION	x	x
MH	QUESTION	x	x	MH	QUESTION	x	x
SS	QUESTION	x	x	SS	QUESTION	x	x
CD	QUESTION	x	x	CD	QUESTION	x	x
CL	QUESTION	x	x	CL	QUESTION	x	x
EAP	QUESTION	x	x	EAP	QUESTION	x	x
MH	QUESTION	x	x	MH	QUESTION	x	x
SS	QUESTION		x	SS	QUESTION	x	x
CD	QUESTION	x	x	CD	QUESTION	x	x
CL	QUESTION		x	CL	QUESTION	x	x
EAP	QUESTION		x	EAP	QUESTION		

Finance includes federal, state, and local funding allocation for research, maintenance of structures, prevention, and supplementary treatment costs. In sum, finance covers revenues secured from direct service fees and administrative resources. Networking is defined as direct referrals and collateral connections concerned with the client. Networking covers movement within the continuum of care, as well as professional consultation among agencies and within agencies. Networking occurs through political organizing to direct federal, state, and local policies. To sum, networking is initiated for the direct welfare of the client and the direct welfare of the professional/profession.

Both of these operational definitions were the underpinnings of the cognitive structure used to code both latent and manifest content within the professional categories for each question. The coding decisions which fit together creating a consolidated impression of similar responses were organized under the networking and finance perspectives.

QUESTION 1

Please contrast CD services in the 1970's compared to the 1980's. Are chemically dependent persons more or less likely to be identified and intervened with now or then; who

is more or less likely to be intervened with?

Mental Health Professionals - Networking

12 - more, now identified and intervened (more, now)

8 - better education and training at many levels (education, training, school, aware)

5 - better representation of different segments of society (upper class, lower class, women, youth)

5 - specific intervention systems functioning (detox, employment, family)

30

The responses generally indicated an increase to the likelihood that chemically dependent people would be identified and intervened with. Education and better representation of many segments of society were reported as increasing over the past ten years. Some responses noted the current existence of intervening systems today.

Social Service Professionals - Networking

5 - more identified and intervention now (more, identified, intervention, help)

3 - better representation of segments of society (Indians, upper class, lower class, women, youth)

3 - education and training are more available (education, training, school, aware)

1 - treatment identifies other primary problems:
violence, mental illness, incest

12

This category indicated a basic increase in the chances of a chemically dependent person to get help today compared with ten years ago. Also, a broader range of people are being intervened with now. Knowledge about intervention is more available to people in the 1980's. One response indicates that other primary problems are surfacing during the process.

Chemically Dependency Professionals - Networking

8 - more identification and intervention (more)

4 - better representation of society is helped
(lower class, upper class, women,
youth, Indians)

2 - disease concept is more generally accepted
(disease, sobriety, Minnesota Model)

14

The overall responses in this category thought that many more people are getting help today than in the 70's. A more representative sample of society is being served today compared with ten years ago. The issue of acceptance of the disease concept was addressed by some responses.

Clergy - Networking

6 - more identified and intervened (more)

4 - specific intervention is occurring (detox, intervention units, employment)

2 - education and training increased (education, school, aware, training)

12

General agreement of this category is that more identification and intervention is happening. Education and training are on the increase as well as intervention programs in the survey area.

Employee Assistance Programs - Networking

2 - more identification and intervention (more now)

1 - better education and training

3

Chemical Dependency Professionals - Finances

1 - poor people get help, rich do not

Only one respondent addressed money in this category. The response was referring to poor people getting help and rich people not accepting help or receiving treatment.

Clergy - Finances

1 - people with status and money are hard to reach

1 - optional coverage of CD treatment

2

Question 1 - Networking

	MH	SS	CD	CL	EAP
more intervention	12	5	8	6	2
better education/training	8	3	0	2	1
greater span of society	5	3	4	0	0
specific intervention mechanism	5	0	0	4	0
other primary problems identified	0	1	0	0	0
disease concept accepted	0	0	2	0	0

Question 1 - Finance

	MH	SS	CD	CL	EAP
poor people get help	0	0	1	1	0
insurance optional CD treatment	0	0	0	1	0

The problem of money and status hindering identification and intervention was mentioned. The insurance companies are offering optional coverage for peoples' chemical dependency benefits.

QUESTION 2

Please contrast CD services now, 1980's, with 1970's. Are affected families more or less likely to receive the help they need now or then?

Mental Health Professionals - Networking

12 - more help available for family (more, help, family)

3 - increases involvement from community (more, increased, involvement)

3 - resistance is high toward help (denial, resist, high)

3 - no change or no help available (no change, no help)

2 - increase number of helping professionals involved (more, involved, social workers, counselors)

23

An affirmative statement was given in close to half of the responses in respect to the networking perspective, with a noteworthy component of the responses saying no change or

no help has occurred in the 1980's. Of the families who could receive help, some are resisting. There seems to be an increase in community involvement on many levels, as well as a greater number of care givers becoming more involved with the families of alcoholics and the alcoholic. Education and training appear to have increased in the last ten years; however, this issue was not addressed frequently.

Social Service Professionals - Networking

5 - more received help in 1980's (more, help, intervened)

5 - many different kinds and groups involved in CD issues (different, groups, organizations)

1 - more education and awareness

11

These responses thought that overall the resources have increased over the past ten years, which offers more help to families that are affected by alcoholism. An increase in education and training opportunities has occurred in the survey area.

Chemical Dependency Professionals - Networking

14 - more help available in 1980's (more, intervention)

4 - more social acceptance of alcoholism in families (stigma, acceptance, social)

4 - effectiveness of family treatment is marginal

(marginal, resistance, denial)

2 - intervention for family increased (intervention, help)

1 - family members can get help without the alcholic

1 - other family problems surface

1 - greater involvement in Al-Anon/Alateen

1 - no change noticed in past ten years

28

An equal number of responses to all other responses indicated that families were being helped more in the 1980's. Although an increase in help was noted, some responses said the effectiveness of family treatment was marginal. One response pointed out the fact that it was now possible for a family member to get treatment with or without the alcoholic getting treatment. Social acceptance of alcoholism and especially family alcoholism has increased as well. The notion of increased involvement in Al-Anon and Alateen was mentioned, also, the fact that other family problems surface during treatment. One response noted no change in available help in the past ten years.

Clergy - Networking

7 - more help available (more)

3 - Al-Anon functions well (Al-Anon)

3 - intervention opportunities increased

(intervention, help)

2 - more social acceptance of family alcoholism

(family illness, affected)

15

Overall, this category saw an increase in the help available to family alcoholism compared to the 1970's. Intervention opportunities have increased as well. Better social acceptance of family alcoholism was reported. The Al-Anon network seems to be functioning well according to some responses.

Employee Assistance Programs - Networking

1 - more help for families now

1 - intervention increased

1 - increase in divorce

3

This small category of responses noticed an increase in family programs and involvement. They mentioned an increase in broken family systems. An increase in family intervention process was also addressed.

Mental Health Professionals - Finances

1 - family members valued with ratio to economic status

1 - poor people have fewer opportunities for help

2

Question 2 - Networking

	MH	SS	CD	CL	EAP
more help for families	12	5	14	7	1
increase community involvement	3	5	4	2	0
high resistance	3	0	4	0	1
no change in available help	3	0	1	0	0
increase helper & intervention	2	1	2	3	1
family get help w/o alcoholic	0	0	1	0	0
other family problems surface	0	0	1	0	0
greater Al-Anon involvement	0	0	1	3	0

Question 2 - Finance

	MH	SS	CD	CL	EAP
family members rated by productivity	1	0	0	0	0
poor families less opportunity for help	1	0	0	0	0

This category of responses addressed the cultural value system in respect to families' value of members' value based on their economic status. Poorer people do not have the opportunities to get help that richer people have.

QUESTION 3

Please contrast CD services now, in 1980's, with 1970's. Have characteristics of chemically dependent persons you see changed in the past ten years?

Mental Health Professionals - Networking

4 - increase in younger people (younger, youth)

3 - social image drinking (acceptance, stigma)

2 - more female alcoholics (female, women)

2 - more Native Americans (Native American, Indian)

11

Responses reported that overall the social stigma of being chemically dependent has relaxed in the past ten years. A greater amount of females, Indians, and youth are being identified and helped.

Social Service Professionals - Networking

2 - earlier intervention occurring (intervention, help)

2 - more socially acceptable to be sober (acceptable, support)

1 - chemical dependency is more open to public (up

front, open)

5

Responses show less people in late chronic states of the condition. More social acceptance is attached to sobriety in the 1980's, whereas chemical dependence is more open to the public in general.

Chemical Dependency Professionals - Networking

7 - earlier intervention (intervention, help)

2 - more educated users (educated, aware)

1 - clients need more support to recover

1 - dual problem (CD - MI)

1 - more women and young clients

12

The general profile of the chemically dependent person appears to be more likely to be intervened with earlier in the condition. The younger client seems to be more educated about chemicals in general. A response addressed dual-problem persons increasing over the past ten years. Also, an increase in the need to support the client was mentioned. Women and younger people have increased their numbers over time.

Clergy - Networking

1 - younger, more women, increase chronic pain

1 - language used more offensive

1 - lower classes less stigma, upper classes no change

1 - generally CD more widely accepted

4

An increase in chronic-pain clients has increased in the past ten years. Younger people and women have shown up in greater numbers. Generally, this category saw chemical dependency increasingly more socially acceptable; however, the acceptance seems to be in the lower socio-economic segment of society and not the upper stratification.

Employee Assistance Programs - Networking

2 - more socially acceptable to be sober

2 - earlier intervention

1 - dual problem identified (e.g., CD - MI)

1 - supervisors identify employees better

6

Responses in this category reported that job intervention happens more regularly and routinely. Middle management is more skilled at identifying the problem. During the assessment and treatment process more complex problems are isolated and responded to (e.g., CD - MI).

Mental Health Professionals - Finances

1 - lower stratification with dual drug use

The issue of dual-drug usage is predominantly in the lower socio-economic segment of our society. This segment

has increased its spread of ages in the past years. The cost of treating dual-problem people is higher with few resources.

Chemical Dependency Professionals - Finances

1 - insurance and public funding rejecting more applicants for treatment

1 - use of least restrictive treatment to economize

1 - insurance companies, county government shifting funds to save money

3

Some referral agencies are choosing the least restrictive method of treatment for people (e.g., a mother on welfare is referred to outpatient treatment rather than inpatient because inpatient would require foster care for her children). It seems insurance companies are responding to the cost of treatment by rejecting some clients and limiting the length of stay in treatment.

Clergy - Finance

2 - lower middle class people are being helped

This category reports more middle class people being helped than ten years ago.

QUESTION 4

Please contrast CD services now, 1980's, with 1970's. Has the awareness of medical and social service

Question 3 - Networking

	MH	SS	CD	CL	EAP
increase in young people	4	0	1	1	0
stigma decreased	3	1	1	2	2
more female alcoholics	2	0	1	1	0
more Indians	2	0	0	0	0
earlier intervention	0	2	7	0	2
dual primary problems	0	0	1	0	1
more educated	0	0	2	0	1
language more offensive	0	0	0	1	0

Question 3 - Finance

	MH	SS	CD	CL	EAP
dual drug use lower socio-economic stratification	1	0	0	0	0
insurance rejecting pay	0	0	1	0	0
use less restrictive treatment	0	0	1	0	0
insurance shifting budget to save money	0	0	1	0	0
lower class getting help today	0	0	0	1	0

professionals changed between the two time periods?

Mental Health Professionals - Networking

14 - awareness and knowledge have increased with social service professionals (acceptance, awareness, referring)

10 - awareness and knowledge have increased with medical professionals (acceptance, awareness, referring)

5 - increased training and schooling available (training, school, workshops)

4 - medical and social service professionals need more education (school, training)

1 - unaware physicians and social workers hold a low profile with the CD field

1 - more or little change

35

The overall picture reveals an improvement in awareness and knowledge with medical and social service professionals concerning chemical dependency. A significant component of the responding units notes a need for improvement, especially within the medical community. Training and education were identified as methods to increase the awareness and knowledge (i.e., in-service, workshops).

Social Service Professionals - Networking

7 - awareness and knowledge have increased with social service professionals (awareness, acceptance, referring)

5 - awareness and knowledge have increased with medical professionals (awareness, acceptance, referring)

1 - awareness and knowledge have not significantly increased with medical professionals

1 - lack of training for physicians

14

The responses were consistently reporting an overall improvement in social service and medical professionals' awareness and knowledge of chemical dependency. However, one response acknowledged no increase of awareness within the medical professionals as well as one within the social service professionals. The lack of training in medical school was mentioned.

Chemical Dependency Professionals - Networking

15 - awareness and knowledge have increased with social service professionals (awareness, acceptance, referring)

9 - awareness and knowledge have increased with medical professionals (awareness, acceptance, referring)

5 - awareness and knowledge need improvement among medical professionals (improvement, lacking, not good)

2 - awareness and knowledge need improvement among social service professionals (awareness, knowledge)

1 - increase education and training offered

1 - physicians want to be more involved - don't know how

33

This category reflects improvement in both professions, social service more than medical professionals. However, social service professionals need to improve as well. Although education and training are being offered, attendance and opportunities need to be increased. One response indicated that physicians want to be more involved with CD clients, but do not know how to do it.

Clergy - Networking

6 - awareness and knowledge have increased with social service professionals (awareness, acceptance, referring)

4 - awareness and knowledge have increased in medical professionals (awareness, acceptance, referring)

3 - medical professionals' awareness is marginal (little better, not open, marginal)

2 - training and education available (education, school, training)

15

These responses consistently reported a higher level of awareness among social service professionals than the medical professionals. Some changes are being made, however, it is slow and guarded in spite of the available educational resources.

Employee Assistance Program - Networking

4 - awareness and knowledge have increased with the social service (awareness, acceptance, referring)

3 - awareness and knowledge have increased with the medical professionals (awareness, acceptance, referring)

3 - awareness and knowledge have marginally increased (little better, marginal, same)

1 - awareness and knowledge have increased with social service professionals in respect to family alcoholism

11

This category reported an overall increase in awareness with much needed improvement in the medical field. One

Question 4 - Networking

	MH	SS	CD	CL	EAP
increase awareness social service profession	14	4	15	6	4
increase awareness medical profession	10	5	5	4	3
increase training	5	0	1	2	0
medical need more awareness	4	1	5	3	3
unaware of medical & social service status	1	0	0	0	0
little change	1	0	1	0	0
lack of training for physicians	1	0	0	0	0
awareness need improvement social service profession	2	0	0	0	0
increase awareness of alcoholic family system	0	0	0	0	1

Question 4 - Finance

	MH	SS	CD	CL	EAP
physicians see economic status cause CD	1	0	0	0	0
SS people guard CD dollars	0	0	1	0	0

noted an increase in awareness of family dynamics of alcoholism.

Mental Health Professionals - Finance

1 - physicians see economic status of region as causing chemical dependency

Physicians are telling clients to slow down on chemical use, which they believe is stimulated by the deprived economic system.

Chemical Dependency Professionals - Finance

1 - social service people guarded on spending

Social service professionals seem to be more fearful about how the service dollars are spent in respect to CD funding.

QUESTION 5

Please contrast CD services now, in 1980's, with 1970's. Have the number of programs providing CD services changed, has program specialization changed?

Mental Health Professionals - Networking

6 - more specialization (more)

6 - increase in number of programs (more, increase)

2 - more specialized awareness (violence, incest)

2 - decrease in number of programs (less, fewer)

2 - no change in number of programs (no change, the same)

2 - specialization requires networking (referrals, many parts)

20

The responses in this profession thought that the programs have become more specialized and increased their number over the past ten years. An increased awareness of specialized needs was mentioned as well as the fact that specializing the program requires an increase in networking. A decrease in programs or no change was noted by the responses.

Social Service Professionals - Networking

4 - more specialization (more, increase)

2 - increase in number of programs (increase, more)

2 - awareness of specialization in continuum (youth, aftercare, education)

8

The program has increased in number and become more specialized over time. Also, the acknowledgment of the need to include special needs in aftercare and education efforts has increased.

Chemical Dependency Professionals - Networking

9 - more specialization (more)

8 - increase in number of programs (more, increase)

3 - decrease in number of programs (less, decrease)

2 - no change (no change, the same)

2 - better trained counselors (trained, wider focus)

24

As the field of CD has evolved in the past ten years, more specialization is seen within the existing programs. The number of programs was reported as increasing by a good share of the responses; however, some noted the programs have decreased over time.

No change in specialization and number of programs was reported. Counselors were noted as being better trained than they were in the 1970's.

Clergy - Networking

4 - increase number of programs (increase, more)

4 - no increase in number of programs (no increase, no change)

2 - counselors are better trained (competent, better)

3 - more specialized (more)

1 - programs more flexible

14

The responses indicated both an increase and no increase in the number of programs existing today compared with ten years ago. Programs have become more specialized over time as well as becoming more flexible to meet client needs. Some responses reported an increase in counselor

skills over the past ten years.

Employee Assistance Programs - Networking

4 - number of programs increased (more, increased)

2 - specialization increased (more, increased)

1 - same amount of specialization (same, no change)

1 - school CD programs existing (school)

8

This category reports an increase in number of programs compared with ten years ago. Specialization has increased as well. One response thought specialization stayed the same.

Mental Health Professionals - Finance

3 - programs competing to survive (specialize, outpatient, shorter stay)

This profession reported that programs are needing to work with fewer resources available for investment into the CD field in general. Some responses indicated that specialization and using the least restrictive treatment situation as a way to economize was occurring.

Social Service Professionals - Finance

2 - use of less restrictive treatment (outpatient, shorter)

1 - more private for profit treatment programs

3

Responses note an increase in use of outpatient programs and shorter treatment stays. One response mentioned an increase in treatment for profit over the past ten years.

Chemical Dependency Professionals - Finance

5 - expansion and consolidation (more funds, less funds)

1 - cannot afford to specialize

1 - bad reputation for funding management practices

1 - private for profit treatment increasing

8

This category indicated that over the past ten years the funding for chemical dependency in general has decreased, consolidation of programs resulted, yet one response reported specializing was too costly to be workable. At the same time, when more funds were made available, more programs were established.

One response mentioned that the field of chemical dependency has a "bad" reputation as money managers from the 1970's. Also, treatment for profit is on the rise in the 1980's.

QUESTION 6

Please contrast CD services in the 1980's with 1970's. Are there service gaps in CD programming in this community?

Question 5 - Networking

	MH	SS	CD	CL	EAP
more specialization	6	4	9	3	2
increase number of programs	6	2	8	0	4
more specialized awareness	2	2	2	2	0
no change in number of programs	2	0	2	4	1
specialization requires networking	1	0	0	1	1
decrease in number of programs	2	0	3	0	0

Question 5 - Finance

	MH	SS	CD	CL	EAP
program competing	3	0	0	0	0
less restrictive placement	0	2	0	0	0
consolidation	0	0	5	0	0
cannot afford to specialize	0	0	1	0	0
bad management	0	0	1	0	0
private for profit increasing	0	1	1	0	0

Mental Health Professionals - Networking

6 - aftercare (follow-up, aftercare)

3 - family treatment

3 - school aftercare and prevention (CD groups, prevention)

2 - adolescent (treatment, aftercare)

1 - repeater

1 - halfway house

1 - domestic violence

1 - women with children

18

This profession indicated a strong need for aftercare programming services in the 1980's. Adolescent, family, and school programming needs were noted, in addition to women with children. Responding to domestic violence was mentioned as well.

Halfway houses for all populations were indicated as a gap, along with long term treatment for "revolving door" alcoholics.

Social Service Professionals - Networking

5 - adolescent programming (group, adolescents)

2 - aftercare (aftercare, follow-up)

1 - sexuality

1 - spirituality

1 - increase networking with referral agency

10

Adolescent needs were most often mentioned, then came aftercare needs. Sexuality and spirituality were reported as a gap in service during the 1980's. One response indicated a need to increase networking with referral agencies.

Chemical Dependency Professionals - Networking

8 - adolescents (young people, adolescents)

6 - elderly (old people, elderly)

6 - aftercare (follow-up, aftercare)

5 - halfway houses (halfway house)

3 - long term treatment (long term)

2 - women (women, female)

2 - families (families)

1 - schools

1 - dual problems

1 - corrections

1 - detox

1 - between Duluth/Range

1 - between Detox/Treatment

38

This category listed the service gaps as most felt in adolescent, elderly, and aftercare programming. The next

groups were halfway house, long term treatment, women, and families. Schools, dual problems, correction in Duluth and the Iron Range, plus detox and treatment, were addressed.

Clergy - Networking

3 - family (family)

2 - aftercare (aftercare, follow-up)

1 - elderly

1 - pre-adolescents

1 - clergy intervention

1 - assessment of progression

1 - impact on AMA

10

This profession indicated service gaps within family services, aftercare, elderly, pre-adolescents, and clergy intervention. They also saw a need to work on assessment and diagnosis processes, as well as exploring the impact of CD treatment on the American Medical Association.

Employee Assistance Program - Networking

2 - aftercare

1 - adolescents

1 - children living with alcoholics

1 - personal growth schemes

5

This category noted aftercare, adolescents, children of alcoholics, and personal growth schemes as gaps in the service system.

Mental Health - Finance

1 - overall view of economic direction in field

1 - economic opportunities unmanaged

2

This profession indicated an overall gap in the field because of the lack of economic direction. Also, the few economic opportunities that are available are not managed well.

Chemical Dependency Professionals - Finance

5 - aftercare for local communities (aftercare, follow-up, CD groups)

4 - income level determines the quality of care (poor, rich, young, welfare)

3 - middle class adults are well served (white collar, middle class)

1 - all programs competing for funds

13

These professionals reported the high cost of aftercare for local communities with the income level determining the quality of care. Middle class clients are well serviced in the survey area. All programs are competing for the

Question 6 - Networking

	MH	SS	CD	CL	EAP
aftercare	6	2	6	2	2
family treatment	3	0	2	3	1
prevention	3	0	1	1	1
adolescent aftercare	2	5	8	1	1
repeaters	1	0	3	0	0
halfway house	1	0	5	0	0
domestic violence	1	0	1	0	0
women	1	0	2	0	0
sexuality	0	1	0	0	0
spirituality	0	1	0	0	0
increase networking	0	1	2	0	0
elderly	0	0	6	1	0
corrections	0	0	1	0	0
detox	0	0	1	0	0
clergy intervention	0	0	0	1	0
impact AMA	0	0	0	1	0

Question 6 - Finance

	MH	SS	CD	CL	EAP
overall direction	1	0	0	0	0
poor managers	1	0	0	0	0
local community pay aftercare	0	0	5	0	0
income determines quality of care	0	0	4	1	0
middle class adults well served	0	0	3	0	0
programs compete	0	0	1	0	0

available funds.

Clergy - Finance

1 - financial matters override human needs

This profession addressed the priority of business over human needs.

QUESTION 7

Please contrast CD services in the 1980's with 1970's. Is there a need for CD services to be better coordinated in northeastern Minnesota, northwestern Wisconsin?

Mental Health Professionals - Networking

9 - increase coordination needed (increase, more)

5 - no need to improve coordination (no need change, okay, works well)

2 - timing and bad communication cause referral problems (miss connections, misunderstand)

1 - more state laws and policies rather than county

1 - need to copy other professions' networking systems

1 - need a system to protect confidentiality within networks

19

This category reported a high level of agreement on increasing the coordination between northeastern Minnesota services as well as northwestern Wisconsin services. Several responses indicated a high level of satisfaction in

the coordination effectiveness, ineffective communication was indicated as a problem. State policies and confidentiality were system problems mentioned as well as using other professional systems as model.

Social Service Professionals - Networking

3 - improved coordination needed (improve, better, increase)

3 - Minnesota agencies out of touch with each other (referrals, networking, out of touch)

1 - could use a joint power board

1 - Minnesota well coordinated

1 - improvement needed for adolescents

1 - advertising coordination helpful

10

The responders reported a need to improve coordination efforts generally and a need to improve the Minnesota agencies network. The idea of forming a joint power board was presented. Adolescent needs were mentioned as needing better coordination. A response reported Minnesota as well coordinated at time of survey.

Chemical Dependency Professionals - Networking

11 - improved, coordination needed in both states (yes more, better improved, increased)

3 - no improvement necessary (don't use, don't know

or care)

1 - receive newsletter from agencies

1 - local referents cause confidentiality problems

1 - improved networking needed for aftercare

1 - regional planning used to serve public better

1 - most professionals uninvolved in professional organizations

1 - don't know about northwestern Wisconsin

20

The most consistency occurred with the opinion of needing to improve the coordination in both states. Some reported no improvement needed. Responses also mentioned not needing the other services, professionals uninvolved in organizations and just not knowing about northwest Wisconsin. Agency newsletters were used as well as regional planning committees. Local professionals noted the risk of breaking confidentiality in small towns when coordinating the services.

Clergy - Networking

4 - no need to improve coordination (okay, no need, good)

3 - yes, there is a need to improve coordination (improvement, yes, better)

1 - Roman Catholic network could be improved

1 - better coordination with advertising

9

These responses reported a need for improvement and no need for improvement. Specific areas of improvement were addressed (i.e., Roman Catholic church and advertising).

Employee Assistance Program - Networking

3 - no need to improve coordination (okay, no need, good)

2 - increased coordination needed (increase, better)

1 - AA ties systems together

6

This category reported need to improve and no need to improve. The networking functioning of AA was addressed.

Mental Health Professionals - Finance

3 - competition for business interfaces with working together (competition, turf protecting)

This category reported competition has a hindrance to coordination.

Social Service Professionals - Finance

3 - competition among agencies (competition, in-house reference)

This profession noted competition as getting in the way of working together among service providers.

Question 7 - Networking

	MH	SS	CD	CL	EAP
increase need	9	3	12	3	2
no need improve	5	1	3	4	3
referral problems	3	3	1	0	0
more state regulations	1	1	1	0	0
need to copy other professions	1	0	0	0	0
improve adolescent	0	1	0	0	0
coordinate advertising	0	1	0	1	0
receive newsletters	0	0	1	0	0
professionals uninvolved in professional organizations	0	0	1	0	0
don't know about Wisconsin	0	0	1	0	0
more for Catholic clergy	0	0	0	1	0
AA ties together	0	0	0	0	1

Question 7 - Finance

	MH	SS	CD	CL	EAP
competitions	3	3	4	0	2
state turfs	0	0	1	0	0
pooling resources	6	0	1	0	0

Chemical Dependency Professionals - Finance

4 - competition for business hinders coordination

1 - Minnesota will not offer service until funding is guaranteed from Wisconsin

1 - pooling the resources could serve more people better

6

This category reported competition for business and guarantee of payment as problem areas for coordination. One response mentioned need to "pool" resources for better service.

Employee Assistance Program - Finance

2 - competition for business interferes with working together

This category reported business as priority of service provider.

QUESTION 8

Please contrast CD services in the 1980's with the 1970's. Are there any other observations that you have about CD service contrast between 1980's and 1970's?

Mental Health Professionals - Networking

1 - community supportive of CD people

1 - increase social awareness of condition

1 - community based services are cooperative, offer

best service

3

These responses addressed community support and services as well as stating preference of community service.

Social Service Professionals - Networking

1 - increase in CD academic credentials demands respect of social service professionals

Chemical Dependency Professionals - Networking

1 - more work needed in schools

1 - county commissioners need involvement in the networking system

1 - a feedback system is needed to inform referents about client's progress

3

These responses state need to work in school, involve county commissioners, and update referents about clients.

Clergy - Networking

1 - better networking between geriatrics and CD

1 - increase education of public and schools

1 - more connection between CD and family therapy

1 - increase physician's awareness

1 - increase the wellness concept into CD field

5

The schools and public are addressed here along with

increasing awareness of physicians. The overall response is noting a need for interdisciplinary networking, geriatrics, family, wellness, physician, and school.

Mental Health Professionals - Finance

1 - decrease in funds for treatment

The response noted less money available for individual treatment and length of stay.

Social Service Professionals - Finance

1 - money made a difference when referring to treatment, especially for adolescents.

This category reported a cautious attitude toward spending funds for CD treatment.

Chemical Dependency - Finance

2 - needs to fight against insurance companies (demands, cuts)

2 - pressure to cut back service (cut back, less money)

2 - change in insurance coverage

1 - more careful spending of funds

1 - money determines who gets treatment

8

These professionals report careful spending habits and less money to spend, plus insurance companies setting the rules for treatment.

These responses noted fewer people eligible for coverage and shorter stays in treatment.

Question 8 - Networking

	MH	SS	CD	CL	EAP
community support	3	0	1	1	0
increase academic credentials	0	1	0	0	0
involve county commissioners	0	0	1	0	0
treatment & referent networking improved	0	0	1	3	0
increase wellness concept	0	0	0	0	1

Question 8 - Finance

	MH	SS	CD	CL	EAP
decrease in funds	1	1	3	0	0
money says who get treatment	0	0	1	0	0
fight insurance demands	0	0	4	0	0

CHAPTER FIVE

DISCUSSION

Chapter Five will discuss the data gathered in the research. The second chapter will be discussed in relationship to the data in Chapter Four. This exploratory descriptive study will offer indicators to assist program administrators in chemical dependency health care needs.

The impetus of this study came from the declining use of the sponsoring agencies. The hope of this study is to isolate some direction to be used in responding to the declining occupancy.

When thinking about occupancy, two factors were identified: funding and networking. The funding perspective includes public pay clients, private pay clients as exterior factors, and supportive services as interior factors. The networking perspective represents the outside referral sources and the inside use of resources.

According to Byrne in the literature review, four factors are important when doing a needs assessment: (1) commitment of agencies to study, (2) administrators with executive power to modify the program, (3) needs assessment designed with clear, direct ties to planning process, (4) assessment engineered by members of agency.

Miller-Dwan West Medical Center (MDW) and the Center of

Alcohol and Drug Problems (CADP) were committed to this study by offering financial support and public acknowledgment of the study. They also, by nature of their behavior, acted in a conjoint manner to investigate the situation. The Center of Alcohol and Drug Problems is not stated as an example because specific information was missing. However, the principles and recommendations can be applied to both agencies.

The outcome of the interviews was presented to the program directors and their superiors. The directors of both programs can exercise their executive power to add or delete components of their programs; however, both answer to a board of directors for final approval for major directional changes.

The needs assessment was initiated by the directors of the programs with regular meetings of the research chairman during the time period in which the study was designed. Therefore, all of Byrne's significant factors were present in the study. Another CD needs assessment was consulted during the same time period; however, the following study was not used as a model because of its limited ability to gather data.

The overall effect of the economic deprivation of the region, which encourages out-migration, may affect the low

occupancy rate based on beds per capita from a higher base line population. Another factor affected by out-migration could be the disengaging of the economic infrastructure which supports the tax base for public funds and third party reimbursement of employed people. Therefore, the more people that lose their jobs, the more need for public assistance, or the choice to out-migrate which dissolves the ability to pay taxes in northeastern Minnesota.

The Health Systems Agency used the beds per capita formula to report the needs for CD services. The procedure could be helpful for a rough estimate of needs for service, however, this procedure was not comprehensible enough for this study.

Austin (1981) addresses the networking infrastructure in her master's thesis. This global perspective on networking could help explain the breakdown of networking within an organization like MDW and northeastern Minnesota. The author sees the evolving ideology, or in the case of chemical dependency, the growth of the field as a dynamic that causes conflict within the system. The conflict enables the system to become unbalanced until the change can be incorporated into or rejected by the existing system. During the time period that intense growth is happening, trust of interior and exterior resources are held in suspect

because of the unfamiliarity of the resource.

Traditionally, stability of the resources is a reflection of the consistency of federal and state policy. The last ten years of chemical dependency treatment have historically reflected many changes in federal, state, and local policy causing the use of "soft money" to finance fees for service and program subsidization. Therefore, one might suspect the changes in policy which signified stability and encouraged networking could be a factor to investigate in respect to the decrease in referrals to CD treatment program and CADP program.

The current direction of the federal administration and the past policy changes from federal/state to local block grant funding are examples of policy changes that have occurred in St. Louis County. The recent movement toward the consolidated fund demonstrated the continuing existence of changing policy.

A survival response of domain consensus is addressed by Austin as a reaction to changing policy and decreasing of funding. This attitude of meeting all needs of all the people after the initial contact with the agency eliminates the need for networking to a large degree both interdepartmentally and with other agencies.

As the clients' needs change, the philosophy and

mission statement of the agency is modified, which can set up a situation of unclear purpose or direction. This confusion could affect the networking process by the unfamiliar condition. This situation of changing client needs is noted by the referents in respect to poly-drug use, dual-primary problem, and cultural life-style difference. In addition to the networking and funding changes, the concept of the continuum of care was looked at.

Kamis presents objectives of health care as remediation, prevention, and healthy development. Thinking about these three principles when doing a needs assessment gives the study a framework to begin the investigation.

The response to these objectives identified the continuum of care offered in CD treatment. The individual may utilize all or part of the continuum. Networking from one part to the other could secure the infrastructure of the continuum. Service gaps within this continuum caused by funding restrictions put additional stress on the networking systems because the networking system must use increased energy to compensate for the vacuum in the continuum.

An example of this phenomenon occurred at MDW when the adolescent clients were discharged from inpatient treatment needing intensive family therapy. It was the responsibility of the family to seek out this therapy with a referral.

Because of this gap in the continuum, few families received the care they needed. However, if family therapy were offered as part of the continuum of care, the adolescent and their family could move along this continuum with less stress and opportunity to act on the resistance to change. Therefore, an adequate continuum is less stressful on the networking system and the clients involved. For this reason, assessing the continuum of care which is offered could indicate possible pitfalls in the delivery system.

Ford and Luckey offer an alternative to interviewing for needs assessment. Their method can be used to monitor prevalence against the amount of contacts made to an agency. However, because more information is desired than probable market share, the interview procedure offers a more comprehensive data, with more expense as well. The challenge is getting the most significant data with the least amount of liability.

The following information is a summary of what was gathered from the key referents within the scope of this paper.

Professionals indicated a growth in the field with respect to early intervention and a broadening of the range of people receiving chemical dependency services.

Education and training in the area of drug and alcohol

have increased in the past ten years.

The issue of the family in respect to addiction noted an increase in knowledge and involvement of professionals; however, much work is needed in this area. The geographic area contributes to the problem.

The change in the stereotypic client seems to have undergone a profound change. Clients are younger, there are more women and more Indians, and there is more violence with dual disabilities and dual substance abuse. This moving from the "garden variety" drunk to a more diversified and complicated demand for service has affected the chemical dependency networking system and increased the demand for revenue.

The social service and medical professionals have increased their awareness of CD; however, much work is still needed to be done in this area for optimum effectiveness.

The changing of the stereotypic client has fostered a movement toward specialization within the CD field, as well as an increase in programs that offer specialized needs.

Aftercare family and adolescent needs were the overriding gaps identified with a continuum of care. Needs for the elderly were addressed by some respondents.

The need of improving the networking between agencies was seen as necessary for most but acceptable in its current

state by others.

The sense of the overall response was that the CD field is ready to work in the area of networking. Therefore, as the field moves toward synthesis it is acknowledging the need to put time and energy into this problem.

The problem of money as the reality of "treatment being a business" was gingerly addressed as compared to the networking perspective. An inconsistent theme was presented as for the access to treatment. However, a consistent response indicated that poor families are not likely to get help in our economic system.

The funding source is determining the care given rather than the physician or provider. Professionals on the whole see the economic restriction and status of the region as well as current government policy as problems for CD services.

The competitiveness of this economic system discourages networking when the dollars are tight and the resources are pooled.

As the funding crunch demands change, the field is working on clarifying the services offered and specializing in an appropriate area.

The competitive dynamics present in a capitalistic economic system encourages the desolation of a common

philosophic premise because it demands an antithesis while reaching for survival or supply and demand. During this time of antithesis or coming against the status quo, the networking is interrupted until a new thesis is achieved. Internal networking is necessary to support the agency when it is isolated from the community. The overall goal is to balance the corporate objectives of offering service and running a business.

In regard to the funding issues when retrenchment is occurring, this situation encourages agencies to either move inward or outward for survival. The choice to move inward can enable an agency to utilize its resources to its highest potential. Understanding the point of diminishing return in respect to the highest potential is necessary to prevent overextension. When the agency chooses to go outside of itself, the challenge is to guard against diversification at the expense of losing its autonomy within the larger community. For example, Miller-Dwan West presented by the nature of "inconsistent attitudes and behavior within the AA community." This inconsistency occurred in response to a rapidly growing professional field and a broadening or expanding of alcoholism toward addiction on the whole. The movement of the field caused by principles of supply and demand forced Miller-Dwan West to seek an expanded, new

philosophic premise to offer treatment. The expanding was happening without guarding against internal breakdown of the internal networking system. An interesting twist is that the operating principle of the Minnesota Model of Treatment which MDW offers to clients is based on a dialectic process; however, it did not respond to the dialectic process happening within itself and the field as a whole.

The retrenchment of funds increased the scarcity of referrals which presents the temptation of overextending the diversity of services rather than to find a workable level of specialization within the community on the whole. Miller-Dwan did not foster the supportive services within the corporation on the whole. Having had said that, the recommendations to remedy the dysfunction of Miller-Dwan West are as follow:

1. To restructure the internal networking system which will utilize as many resources as possible within the agency and corporation.

2. To nurture an outside networking system through regular contact and eliciting of input into the agency and corporation.

3. To establish boundaries in response to retrenchment with creative and tenacious effects.

The recommendations could be implemented through

networking in both the formal and informal systems and promoting a marketing campaign that would stabilize and clarify the philosophic premise of Miller-Dwan West and the Center of Alcohol and Drug Problems. Also, the networking and marketing campaign could clarify the area of specializations and the desire to use others' specialities. This strategy would create a safe environment to work together, at least until the next antithesis is initiated. A more global use of his idea would be to take it to the chemical dependency field on the whole. As noted in Chapter One, the CD field came against the status quo of the mental health field. This dialetic could be moving to synthesis in northeastern Minnesota.

The administrative direction, which is indicated by this paper, is to monitor the stress factors of the agencies through building and maintaining the infrastructure of the continuum of care and alternate the stressors of growth with the stressors of retrenchment.

The purpose of this needs assessment was to investigate a trend of decreased occupancy of CD services in general and Miller-Dwan West and the Center of Alcohol and Drug Problems specifically. Miller-Dwan West appeared to have experienced both a change in the philosophic premise of treatment along with the stereotypic image of the client and the inward

movement of the agency in response to retrenchment. Both agencies are confronted with the problem of offering services and maintaining a continuum of care to a sparcely populated geographic area.

Therefore, the difficulty in maintaining the continuum, the uncertainty of changing philosophy, the typical client, and the overextension of needed services seem to set the stage for a decreasing number of people using Miller-Dwan West.

This situation supports the descriptive hypothesis that there is an adverse relationship between declining use of CD treatment and a functioning network referral system.

This data being collected in 1984 seems to be currently usable because the funding issues have become more restricted in 1987 and the networking needs are in equal straights.

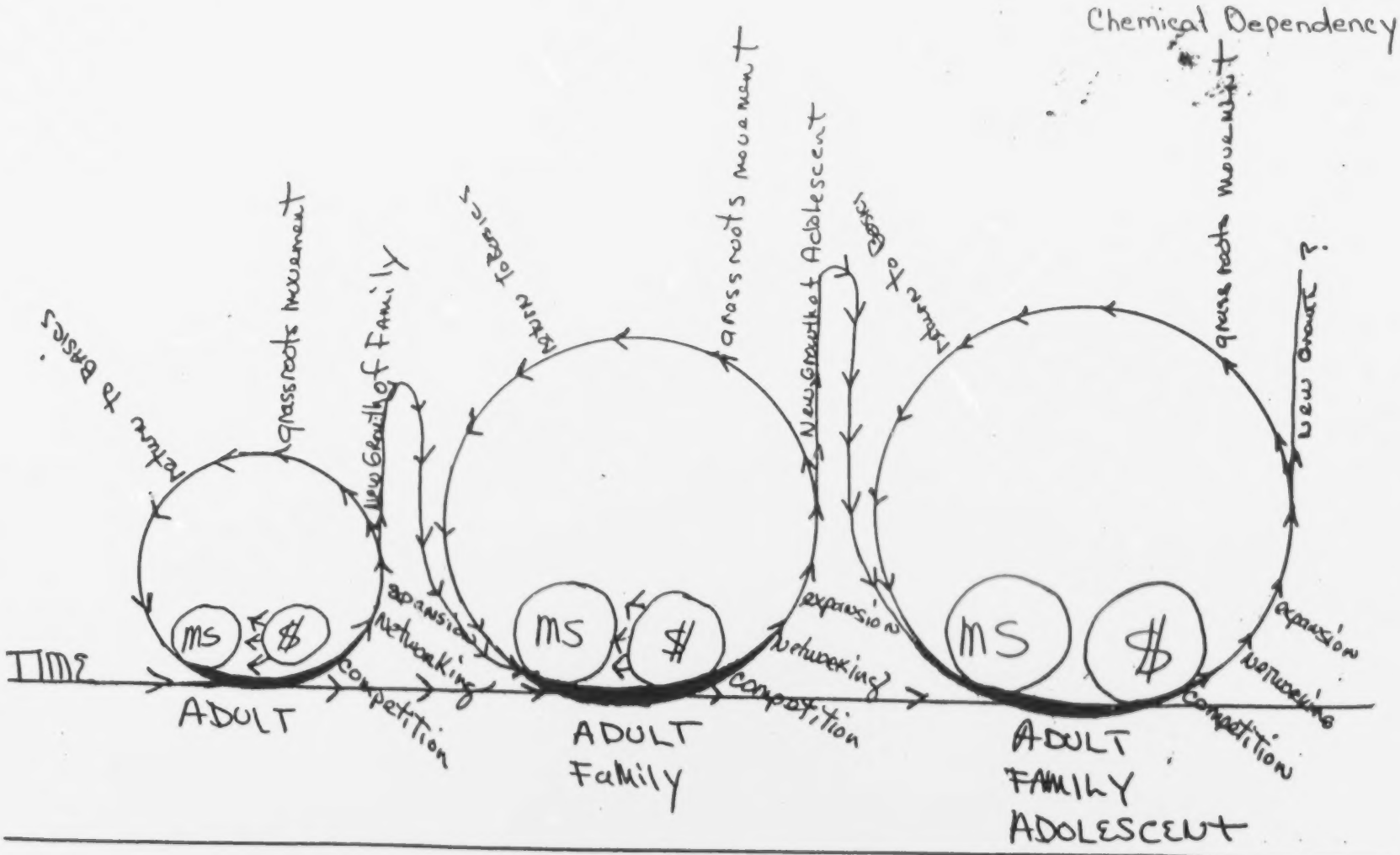
There appears to be some positive correlation between networking and finance in regard to the declining use of CD treatment. It is impossible to know how much based on this study. This study was successful in generating a hypothesis for future research in the field of chemical dependency growth and institutionalization within the health care system.

CHAPTER SIX

PRACTICAL IMPLICATION

This study suggests a theoretical framework to think about the institutional change process in the chemical dependency health care field. The institutional change process is seen as a dialectic in which a concept or group of concepts moves from a service enhancement or survival strategy into the mainstream chemical dependency care. This process is illustrated in a spiral diagram with a dialectic dynamic (see graph).

As mentioned above, the impetus of the change is related to the chemical dependency treatment field being restricted by the limited financial resources. An initial response could be the agency overextending itself to keep all the clients possible and/or an increase in the competition for dollars with other agencies. The competition for funds becomes standard practice. The struggle for dollars continues until administrators see that the clients are not getting quality care and the staff become "burned out" because many are working beyond their resources. At this point the service providers begin to recognize that working together will give the continuum of care hope for survival. Professionals begin to work together for the common good of all. This effort may hold



GRAPH

Institutionalization Process
of CD HEALTH CARE IN NE MINN

stability for a short or long time depending on how long the resources match the continually increasing demands for more professional services. When the demands outgrow the resources and/or the resources are declining, the next step is to expand the market base to finance the growing services or to substitute the loss of revenue. Because the market base is outside the local area, local CD service needs are met except for the people who can afford to pay for services.

In response to this lack of service, a grassroots movement begins to arise and try to meet the needs of the local unserved population. The service provider splits: One part returns to the basics providing a "no frills" treatment program. The other part finds resources to improve the credibility of the new grassroots growth. The grassroots movement following a mutual help approach, continues to build community confidence and receive the new growth as it proves its credibility. The community decision makers begin to see a need to build their confidence in the new programming. Meanwhile the new mutual help alternative begins to find a home within an area and identify the resources that can support it. Small numbers of locals use the service and this, coupled with the grassroots work, builds the confidence in the decision to take the risk of

new programming within the CD field. The change process happens within subcultures within the CD field producing new networking and financial patterning.

Rural and small town health care directors are affected by this change process because they're often faced with making programming decisions with limited resources. Understanding where a program is in the change process can give these decision makers important information concerning programming. For example, if a hospital was forced by financial considerations to make program changes and the CD treatment program was beginning to reach out to increase its market share, the decision makers would need to decide if they wanted to front the money to provide a new program or return to basics without the new program and let the grassroots respond to the need and thereby reduce the risk factors. The risk factors may be reduced through the efforts of the grassroots movement as the credibility of the program grows within a regional area and the demands for services shift to the mutual help alternative. When the grassroots and the proven program come together the grain of institutionalization is on its way. Family treatment in CD treatment went through this change process and adolescent treatment is currently experiencing a need for grassroots movement to help kids in NE Minnesota.

Administrators who hire counselors need to select counselors with either the appropriate high energy goals of the new programming or the lower, more stable energy of returning to the basics. Counselors would benefit from recognizing the differing tasks demanded in the counseling job and their own desires and limitations. Participants within the CD referral network may feel abandoned when the stage is reached to expand the market base. Referents could begin to build the grassroots movement if they see the sequencing of the change process that has been proposed as a theoretical framework for understanding CD service delivery and needs assessment.

An enlightened treatment center can help the community understand the situation and prepare for the upcoming changes. A treatment center that is well established and supported within a community will make the changes with the least unnecessary disruption and conflict. The community can work with the treatment centers to know the correct timing to begin development of new programming. Adolescent treatment is a prime example in NE Minnesota at this time.

Again the process is:

growth + declining dollar =

competition

networking

further cuts or demands

expanding market base

growth steps one to prove the program and the other to return backtrack

less local services to population

raising up of grassroots

back to basics

In NE Minnesota, we have a situation where the need for adolescent CD services is far beyond the systems ability to meet the needs. In spite of the tendency to have a cynical attitude about this situation, it would make sense to work with what society will accept, and that seems to be building a continued care network that could meet the long term resocialization process after sobriety is in place.

A separate continued care organization offering the framework to communities would keep the organization free from political manipulation which would restrict the mobility of the continued care organization. A possible name for this organization could be "New Life Styles."

The coordinator would be a payed staff who would

organize communities to function on volunteer service provider status. This "New Life Style" organization has three care functions: (1) sobriety, (2) socialization, and (3) service.

Until this service is institutionalized into the NE Minnesota health care system, the assumption must be that adolescents will need to receive treatment out of the region. When the client is young, drunk, a school drop out, poor, and often non-white, they do not leave the region for treatment, they all too frequently die here.

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Appendix A

Interview Guide

CD Service Delivery/Needs Assessment

Respondent's Name_____
(be specific as necessary)

Position_____ Agency_____

Length of Involvement in the CD field_____

Interview Date_____Interview Place_____

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FOR REFERRAL SOURCES/SERVICE PROVIDERS: Please Describe:

1) The number of clients served in a typical month and seasonal variations.

2) The services given at this agency.

3) Where clients are referred for additional CD or related services (referral networks)

4) Changes in the patterns of numbers 1, 2, and 3 above.

FOR THE AA RESPONDENT: Please Describe:

1) The number of members in the AA group(s) in which you are active.

2) The number and formats of AA groups available in this locale.

3) The number of other mutual help groups and their purposes used by alcoholics in this locale.

4) Changes in the patterns of numbers 1, 2, and 3 above (i.e., increases or decreases in the number of recent members who have not gone through a CD treatment program).

Please contrast CD services now, in the mid 1980's, with CD services ten years ago, in the mid 1970's (73-77)

1. Are chemically dependent persons more or less likely to be identified and intervened with now or then; who is more or less likely to be intervened with? DESCRIBE

2. Are affected families more or less likely to receive the help they need now or then? DESCRIBE

3. Have the characteristics of chemically dependent persons you see changed in the past ten years? (age, sex, use pattern duration of the problem, ethnic background, etc.) DESCRIBE

4. Has the awareness of medical and social service professionals changed between the two time periods? DESCRIBE

5. Have the number of programs providing CD services changed, have program specializations changed? DESCRIBE

6. Are there service gaps in CD programming (continuum of care) in this community? DESCRIBE and IDENTIFY

7. Is there a need for CD services to be better coordinated in NE Minnesota, NW Wisconsin? IDENTIFY and DESCRIBE. IF YES, HOW?

8. Are there any other observations that you have about CD service contrasts between mid 1970's and mid 1980's? DESCRIBE

Thinking about northeastern Minnesota and northwestern Wisconsin, how have the following affected CD services and the organized capability to intervene in active chemical dependence in 1984?

1. The economy of the region
2. Out-migration from the region
3. Changes in health insurance coverage (definitions)
4. Development of specialized services for other problem behaviors (e.g., domestic violence)
5. Changes in the coordination, policy making, and distribution of federal, state, and local money (definitions).
6. Employee Assistance Programs
7. County Social Service organization and policy
8. Health care practitioners
9. AA groups
10. Other

What are your positive and negative impressions of:

1. Miller-Dwan West

   Positive:

   Negative:

2. Center on Alcohol and Drug Problems

   Positive:

   Negative:

****

Please name 3-5 CD professionals that you feel are important in the network of treatment referral or service.

	NAME	AGENCY
1.		
2.		
3.		
4.		
5.		